

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF  
 ADDRESS: 3000 ARCTIC BLVD.  
 ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
 (SUBR 02)  
 F - FINAL

Form Approved  
 OMB No. 2040-0004

FACILITY: JOHN M. ASPLUND WWTF—301 (H)  
 LOCATION: ANCHORAGE, AK 99502  
 ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD	
FROM 06   09   01	TO 06   09   30

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0	*****	*****	*****	****	*****	*****	15.0	(04)	N/A	FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	*****	*****	*****	****	*****	*****	15.9	(04)	N/A	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0	*****	*****	*****	****	0.7	*****	*****	(19)	N/A	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	*****	55116	*****	(26)	*****	222	*****	(19)	N/A	FOUR/ WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	*****	38515	*****	(26)	*****	159	*****	(19)	0	FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	300 DAILY MX	*****	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	*****	34208	35915	(26)	*****	138	154	(19)	0	FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
PH 00400 G 0 0	*****	*****	*****	****	6.7	*****	7.3	(12)	N/A	FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Craig Woolard, P.E., Ph.D.  
 Director, Treatment Division

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Mark Sparo acting for

SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

(907)564-2799

06/10/06

AREA CODE NUMBER

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Forms by WindowChem(707)884-0845/p/n11090/v5.01/4/1/96. Rev. 1/05, B1

The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days.



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AK0022551	001 A
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MAJOR  
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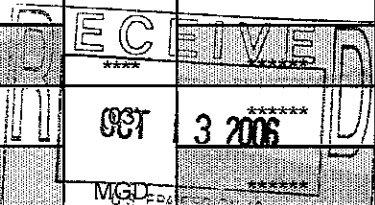
FACILITY: JOHN M. ASPLUND WWTF---301 (H)  
LOCATION: ANCHORAGE, AK 99502  
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD	
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	****	6.6	*****	7.3	(12)	0	FOUR/WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	58733	*****	(26)	*****	236	*****	(19)	N/A	FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
00530 G 0 0	SAMPLE MEASUREMENT	*****	17139	(26)	*****	*****	68	(19)	0	FOUR/WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13476	14648	(26)	*****	54	58	(19)	0	FOUR/WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	17.0	*****	(19)	N/A	ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/MONTH	COMP24
00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	19	*****	(30)	0	THREE/WEEK <sup>1)</sup>	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	850 MO GEO	*****	MPN/100ML		THREE/WEEK	GRAB
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	30.318	*****	****	*****	*****	*****	****	N/A	CONTINUOUS	RCORDR
31615 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
FLOW IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
50050 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		*****	*****



<b>Craig Woolard, P.E., Ph.D.</b> Director, Treatment Division TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY REVIEWED THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	Mark Spano acting for SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(907)564-2799	06/10/06
			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Lab error on 9/9/06 FC test resulted in invalid results; an extra sample was run the following week to compensate.

Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96. Rev. 1/05, B1



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CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.7	(19)	0	EVERY 3 HRS	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	38	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	77	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD

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Craig Woolard, P.E., Ph.D. Director, Treatment Division		(907)564-2799	06/10/06
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) 9/21/2006 - permit requires a chlorine residual test every four hours; no test run between approximately 1800 hrs and 2400 hrs, a gap of 6 hours, due to operator error.

2) Third Quarter 2006 Whole Effluent Toxicity Test Report attached.